APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned

Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility

CD-ROM or CD-R?:: No

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: BIFUNCTIONAL HETEROCYCLIC COMPOUNDS

AND METHODS OF MAKING AND USING SAME

Attorney Docket Number:: RIB-007

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: Yes

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Peoples Republic of China

Status:: Full Capacity

Given Name:: Deping

Middle Name::

Family Name:: Wang

Name Suffix::

City of Residence:: West Haven

State or Province of Residence:: CT
Country of Residence:: USA

Street of Mailing Address:: 48 Claudia Drive, Apt. 1

City of Mailing Address:: West Haven

State or Province of Mailing Address:: CT

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 06516

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Joyce

Middle Name:: A.

Family Name:: Sutcliffe

Name Suffix::

City of Residence:: Branford

State or Province of Residence:: CT
Country of Residence:: USA

Street of Mailing Address:: 21 Sybil Creek Place

City of Mailing Address:: Branford
State or Province of Mailing Address:: CT

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 06405

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Nigeria

Status:: Full Capacity

Given Name:: Adegboyega

Middle Name:: K.

Family Name:: Oyelere

Name Suffix::

City of Residence:: Hamden

State or Province of Residence:: CT

Country of Residence:: USA

Street of Mailing Address:: 149 School Street

City of Mailing Address:: Hamden

State or Province of Mailing Address:: CT

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Timothy

Middle Name:: S.

Family Name:: McConnell

Name Suffix::

City of Residence:: Cheshire

State or Province of Residence:: CT
Country of Residence:: USA

Street of Mailing Address:: 297 Winthrop Drive

City of Mailing Address:: Cheshire
State or Province of Mailing Address:: CT

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 06410

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Joseph

Middle Name:: A.

Family Name:: Ippolito

Name Suffix::

City of Residence:: Guilford

State or Province of Residence:: CT

Country of Residence:: USA

Street of Mailing Address:: 586 Towner Swamp Road

Guilford City of Mailing Address::

State or Province of Mailing Address:: CT

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 06437

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: John Middle Name:: N.

Family Name:: Abelson

Name Suffix::

City of Residence:: Pasadena

State or Province of Residence:: CA Country of Residence:: USA

Street of Mailing Address:: 1097 Blanche, #316

City of Mailing Address:: Pasadena State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 91106

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

CA

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|-------------------------|----------------------|
| This application | Non Provisional | 60/414,207 | 09/26/02 |
| This application | Non Provisional | 60/448,216 | 02/19/03 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | MM/DD/YY | |
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::